

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10665401

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP				
1							51			
2		1					52			
3		1					53			
4		1					54			
5		1					55			
6		1					56			
7		1					57			
8		7					58			
9		7					59			
10		7					60			
11		7					61	1		
12		7					62			
13		7					63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							—			
26							75			
27							76			
28							77			
29							78			
30							79			
31							80			
32							81			
33							82			
34							83			
35							84			
36							85			
37							86			
38							87			
39							88			
40							89			
41							90			
42							91			
43							92			
44							93			
45							94			
46							95			
47							96			
48							97			
49							98			
50							99			
	1						100			
TOTAL IND.	1									
TOTAL DEP.	48									
TOTAL CLAIMS	49									
TOTAL IND.										
TOTAL DEP.										
TOTAL CLAIMS										